DOCUMENT RESUME

ED 417 506 EC 306 247

AUTHOR	McWilliam, R. A.; McGhee, Melissa; Tocci, Lynn
TITLE	Cultural Models among African American Families Receiving Early Intervention Services.
INSTITUTION	North Carolina Univ., Chapel Hill. Frank Porter Graham Center.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC.
PUB DATE	1998-03-00
NOTE	34p.
CONTRACT	H024T20002
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Black Mothers; Community Services; *Cultural Influences; Day Care; Delivery Systems; *Disabilities; *Early Intervention; *Educational Experience; Family Involvement; Fathers; Grandparents; Interviews; Models; *Mother Attitudes; Parent Child Relationship; Parent Participation; Preschool Education; Racial Factors; Social Support Groups
IDENTIFIERS	African Americans

ABSTRACT

The purpose of this study was to discern African American mothers' cultural models for their experiences receiving early intervention services for their young children with disabilities. Fifteen mothers were interviewed and the records of their children were examined. Findings were organized by 3 conceptual themes: how the mothers handled their parenting of a child with special needs (positive, informed), how family and community influences played a part (involvement of father and extended family, church), and how services themselves varied (e.g., child oriented, friendly service providers, more center based and therefore more hours for African American children). As interpreted through cultural model theory, results show that the African American mothers had discernible shared meanings regarding their experiences with their child and with the use of services. (Contains 38 references.) (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 417 506

Early Childhood Research Institute on Service Utilization

Cultural Models Among African American Families Receiving Early Intervention Services

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

R. A. McWilliam
Melissa McGhee
Lynn Tocci

BEST COPY AVAILABLE

The University of North Carolina
Rhode Island College
Center for Family Studies

EC 306247

An Institute for the Study of Education, Health Care, & Social Service Utilization of Infants, Preschool Children, and Their Families

Cultural Models Among African American Families Receiving Early Intervention Services

R. A. McWilliam
Melissa McGhee
Lynn Tocci

March, 1998

The Institute is funded by the United States Department of Education, Office of Special Education Programs, under a Cooperative Agreement (H024T0002) with the University of North Carolina and Rhode Island College. Any inferences or opinions expressed in this document do not necessarily reflect the official position of the U.S. Department of Education. Address correspondence to R. A. McWilliam, Frank Porter Graham Child Development Center, CB# 8180, University of North Carolina, Chapel Hill, North Carolina 27599-8180. Email: Robin_McWilliam@unc.edu.

Acknowledgements

Special thanks go to the families discussed in this report. We thank John Sideris (Research Assistant), Tom Kochanek (Institute Co-Principal Investigator), and Steve Buka (Statistician) for their contributions to this analysis.

Executive Summary

The purpose of this study was to discern African American mothers' cultural models for their experiences receiving early intervention services. Fifteen mothers were interviewed and the records of their children were examined. Findings were organized by 3 conceptual themes: how the mothers handled their parenting of a child with special needs (positive, informed), how family and community influences played a part (involvement of father and extended family, church), and how services themselves varied (e.g., child oriented, friendly service providers, more center based and therefore more hours for African American children). As interpreted through cultural model theory, results show that the African American mothers had discernable shared meanings regarding their experiences with their children and with the use of services.

BEST COPY AVAILABLE

Cultural Models Among African American Families Receiving Early Intervention Services

R. A. McWilliam, Melissa McGhee, and Lynn Tocci

Minority children are estimated to constitute 33% of all children by the year 2000 and 41% by the year 2030 (Arcia, 1993). With so many of this country's children being Latino or African American, the two most predominant minority groups, early intervention services will need to be increasingly sensitive to the cultural diversity of the families served. Diversity is an issue for service utilization because minority consumers have been found to be reluctant to make use of rehabilitative services on account of their perceptions about the service provider's sensitivity, the types of services offered, and the service provider's attitude toward rehabilitation (Ashbury, 1994).

The structure of the family has become an important consideration in studying the extent to which early intervention services are family-centered. Historically, the monolithic family structure has consisted of a nuclear unit comprised of a mother, a father, and their children (Dickerson, 1995). It has also traditionally exhibited a gender-based division of labor. Although this model is maintained and promoted in society as the standard for all families, the nuclear family is obviously not the only form of American family structure. Other structures include single-mother households and extended families stretching beyond the nuclear family and beyond two generations. Roles within families might also be less sex stereotyped than in former times.. The definition of the family has an impact on how families function. Because of the diversity of types of individuals who might be considered family members and the diversity of roles the individuals might play, the way the families carry out their activities of daily living are likely to be diverse.

Three distinct approaches (Dickerson, 1995) have been widely used to understand African American family functioning: the cultural deviant, the cultural equivalent, and the cultural variant approaches. The cultural deviant approach considers the African American family to be abnormal and pathological. This approach defines *family* as nuclear and ignores the diversity and extended patterns found in many African American families. This approach labels African American families as stereotypical and deficient. It assumes that slavery disrupted families and removed fathers from family life, resulting in the stereotype of matriarchy, in which all the power belongs to a domineering woman.

The cultural equivalent approach views African American families as normal as long as they conform to society's idea of what it means to be a family. Within this approach, an African American family abandons its own cultural values, family structures, and traditions. The family then begins to promote the dominant culture, thereby diminishing cultural differences.

The cultural variant approach views African American families as culturally distinct structures. Scholars using this approach disagree with the pathological African American family model. Instead, they describe the strengths of African Americans in maintaining family life despite societal deprivations, such as lack of employment, low wages, and other institutionalized patterns of discrimination.

A common belief is that African American families are matriarchal. Matriarchy refers to dominance by a mother or other woman, even if the father or another man is present (Dickerson, 1995). Frazier (1959) believed that matriarchy evolved from slavery's effect on the African American family. He stated that slavery disrupted families and removed fathers from family life, thereby causing women to take the initiative and control the household . Even though Frazier found supporters for his hypothesis, perhaps the most notorious advocate for this belief was Moynihan (1965). The thesis of Moynihan's

controversial report was that the African American family was locked in a *tangle of pathology* that continued from slavery and was the cause of the decomposition of the African American family and community. He concluded that the African American family was inadequate and dysfunctional based on the number of female-headed families, illegitimacy rates, divorce rates, delinquent crimes, and the percentage of families on Aid to Families with Dependent Children.

Dickerson (1995) asserted that, rather than matriarchal, African American families might actually be matrifocal, meaning the mother figure is the center of the family without necessarily dominating. A matrifocal family is usually held together by an extended line of female relatives: mothers, daughters, and their children, often depending on each other for support and often sharing a household. The issue of intrafamilial dominance has been the focus of some studies of African American families.

Willie and Greenblatt's (1978) review of four studies on the power relationship between spouses revealed that African American families appear to be more egalitarian than Caucasian families, with the middle-class African American family more egalitarian than any other type. Other researchers, such as Myers (1980), contend that, although there are more African American female-headed families than there are Caucasian, the majority of African American families are biparental. Myers found that male-female dominance in two-parent households was related to the man's employment status; the higher the man's status, the greater his influence. Jackson's (1978) review of selected literature on African American and Caucasian families revealed that wife-dominance (matriarchy) was most characteristic of white professional families with unemployed wives. It might therefore be a myth to assume that African American families are matriarchal.

Another conventionalized idea about African American families is that African American parents tend to employ authoritarian actions and corporal punishment as opposed to the psychological methods Caucasian, middle-class parents tend to employ (McKenry, 1993). Role expectations have been identified as one factor linking cultural group membership with parenting styles. Socioeconomic status is another linking factor. Thus, lower socioeconomic African American fathers have been described as seeing themselves as the head of the family and believing that they are expected to punish their children for opposing rules and regulations (McAdoo, 1979). They describe themselves as strict and as using physical rather than verbal punishment.

Both socioeconomic status and ethnic values have been proven to influence child rearing practices (Skinner, 1985). Barnes's (1985) study of middle-class African American families resulted in the discovery that women of all educational levels used corporal punishment, but the highest percentage of those using corporal punishment had a college level education. Because an authoritative parenting style is considered to be effective and socially acceptable among many African Americans, the assumption that child rearing values of middle-class Caucasian families can be generalized and applied to other ethnic groups might be offensive. African American families often view themselves as using authoritarian disciplinary approaches, for example, to encourage early independence and self-reliance. This cultural model of child rearing can be interpreted as a reflection of effective parenting skills. Laosa (1983) recommended that service providers become more cognizant of the child rearing practices of each culture and not rely on their own professional assumptions.

African American families have been both criticized and applauded because of the controversial ideas associated with them. There are various characteristics of African American families that have been labeled pathological

BEST COPY AVAILABLE

by some and have been considered as strengths by others. These strengths have been suggested as aiding in the improvement of the psychosocial welfare of African Americans with disabilities (Turner, 1992). Some of the those strengths are spirituality, role flexibility, and strong kin relationships.

The extended family provides an important source of support for African American families. Strong kin relationships can give the social and emotional support needed for coping with the stress associated with disability. When African American families interact with their extended family, more than likely, that means interaction with a grandmother; the grandmother is an important figure in the African American family. In 1989, 1.2 million African American children were reported as living with their grandparents (Dickerson, 1995). Almost 30 years ago, Jackson (1970) found that African American grandmothers were more likely than grandfathers to be actively involved with grandchildren, to be the favorite grandparent, and to maintain a relationship with their children. In Hale's (1982) study comparing African American and Caucasian grandmothers, she found that African American grandmothers lived closer to their grandchildren than did Caucasian grandmothers. Hale also reported that African American grandmothers were more likely to care for their grandchildren and other nonrelated children for an extended amount of time than Caucasian grandmothers. African American families rely on extended family members, especially grandmothers for emotional and physical support, so strong kin relationships are important when dealing with such families.

Religion or some type of spiritual orientation has been an important aspect of African American families, enabling them to find ways to give positive meanings to stressful life events. Turner (1992) stated that the church is "an extension of the extended family". African American families might be more likely than Caucasian families to find that their religious beliefs help provide a sense of

meaning and inner strength. The National Survey of Black Americans conducted in 1979-1980 (Rogers-Dulan, 1995) indicated that the majority of African Americans consider themselves religious (84%) and consider church very important in their lives (77%). As religion has been useful for survival, so has role assignment within families.

Over time, African Americans have developed flexibility in the assignment of roles that have increased their probability to survive. Men and women in African American families share responsibility for child care and household maintenance (Dickerson, 1995). African American women are more likely than Caucasian women to work outside the home, and African American men are more likely than Caucasian men to perform household chores. This family strength promotes adjustment to disabilities for both the family and the member and alleviates role tension when one member has a disability.

The marital status of mothers within African American families has become a widely discussed topic. In 1990, 47% of African American families were mother-only families with children under the age of 18 (Wilson, 1990). Single-parent households are increasingly becoming prevalent among African American families and are some of the poorest households in America (Dickerson, 1995). Forty-five percent of the mother-only families have incomes below the poverty line. Many poor African American single mothers rely on support from their extended families and many reside in extended family households. The most common type of extended household is comprised of three generations: a single mother, her child, and the maternal grandmother. Multigenerational households and extended families have traditionally served as

support systems for poor families. However, the intensity of the assistance given by the extended family depends on the child's father's status in the home (Wilson, 1990). More assistance is given when the father is absent than when he is present.

To work effectively with African American families during early intervention, service providers need to understand the diversity of possible family constellations and the features of family dynamics such as its culture, its traditions, and its beliefs. This need is intensified because the majority of service providers engaging in early intervention services are Caucasian.

The purpose of this study was to discern African American mothers' cultural models (see Quinn & Holland, 1987) for their experiences receiving early intervention services. This knowledge is critical for understanding "diversity" in relation to providing early intervention services to African American families. Current conceptualizations of *culture* reach beyond ethnic groups (e.g., Harkness & Super, 1996), but elemental issues in how families help their children are the intercultural and intracultural belief systems of different types of families, including families from different ethnic backgrounds. Anthropological and psychological theories now hold that the *shared meanings* of groups construct *cultural models* that link beliefs or attitudes to action or behavior (Quinn & Holland, 1987). For example, how families believe their children develop best, their attitudes towards independence at different ages, their beliefs about appropriate disciplinary measures, and even their socially constructed knowledge about infant's sleep and arousal states have been found to regulate their

BEST COPY AVAILABLE

parenting behaviors (Goodnow, 1996; New & Richman, 1996; Wolf, Lozoff, Latz, & Paludetto, 1996).

Cultural model theory has been addressed with application to early intervention by a group of researchers at UCLA (Weisner, Matheson, & Bernheimer, 1996), who have classified family routines as *ecocultural niches*. From their anthropo-psychological perspective, the important adaptations families make when they have a young child with disabilities occur in these ecocultural niches. Provocatively, Weisner and his colleagues have questioned the notion that the earlier children are identified as needing services (i.e., identified as having a disability) the better. On the basis of interviews of middle-class White families, these researchers have speculated that families make appropriate adaptations to accommodate their children's characteristics, even before the children are identified as having disabilities. Families' cultural models are hypothesized to vary, to some extent, by the characteristics of their children. For example, the mother of a child who displays aggressive behavior is quite likely to adjust her cultural models about parenting and children's behavior differently from the mother of a child with a calm temperament.

In a study of teenage mothers in an African American community, peer group discussions were used to seek parents' beliefs about learning and literacy (Neuman, Hagedorn, Celano, & Daly, 1995). A continuum of perspectives, from behavioral to constructivist beliefs, was found, suggesting important intragroup variability within this particular sociocultural group. Studies such as these (e.g., LeVine, Miller, Richman, & LeVine, 1996; New & Richman, 1996) have shown

that the important characteristic of studies of family culture are the shared meanings families learn and construct, rather than simple sociodemographic divisions based on ethnicity.

Although cultural models in relation to raising children have been studied in some detail, beliefs about having a child with disabilities and receiving early intervention services have not been addressed. This study is designed to examine service utilization from this perspective.

METHOD

Participants

Initial data were collected from 75 case study families chosen from three states: Colorado, North Carolina, and Pennsylvania. These states were selected because of (a) their many contrasts, (b) their commitment to participate in Part H during the 5 years of the study, and (c) their potential to encourage the successful implementation of services. The case studies were divided among nine communities, three in each state. Three fourths of those families had children in Part H (infant, toddler, and family) services, and one fourth had children receiving services for preschoolers with disabilities. Out of the 75 case study families, 14 were African American and one was biracial. These 15 families were the focus of our study. In all 15 cases, the parent we interviewed was the mother. Table 1 provides demographic information on these mothers and their children. The mean maternal income was $17,312 (range = $7,558-$85,000).

Table 1

Demographic Information on Mothers and Children

Category	Variable	n
Marital Status	Single	8
	Married	5
	Separated	2
Child's Gender	Boy	8
	Girl	7
Eligibility Criterion	Developmental Delay/ Mental Retardation	5
	At Risk	3
	Other Established Condition	2
	Neurological	1
	Visual Impairment	1
	Speech-Language Disorder	1
	Sensory Disorder	1
	Chromosomal Abnormality	1
Mother's Education	High School	2
	Associate's Degree	7
	Bachelor's Degree	3
	Master's Degree	2
	Doctorate	1

BEST COPY AVAILABLE

Instrumentation

A semistructured interview protocol was used to guide in-depth interviews with families over 2 years. We asked questions about services received, the first discovery of problems, program entry, assessment, IFSP/IEP development, day-to-day services, family stressors, support, and the difference early intervention has made. After preliminary themes were developed, mothers in this study were called for a telephone interview to ask for their comments on the themes. Because preliminary themes were validated by this process, the questions were about the same themes reported in the results section.

Design

We used a nonemergent, qualitative design in that the data from the 75 families had been collected before analysis. Each case (family) provided the details and specifications used for analysis, making this an embedded rather than holistic design (see Yin, 1989). The trustworthiness of the data and analyses was established in the following ways: (a) building an audit trail (i.e., original interview transcripts, field notes, unitized data, and the process for writing the report are available for review), (2) working with a research team (involving frequent peer debriefings), (3) and member checks (asking research participants whether the themes matched their experiences and perceptions)..

Data Analysis

Data were analyzed by the use of the constant comparative method which combined inductive category coding with a comparison of all the units of meaning obtained (see Miles & Huberman, 1994). As the transcripts were read and new units of meanings were selected for analysis, the new units were compared to all the other units of meanings and were grouped with similar units of meaning. If there were no similar units of meaning, a new category was formed. The second author proposed original themes from the data, which were matched against

hypotheses the first author had developed based on a general understanding of families receiving early intervention services. This formed the basis of seeking confirming and disconfirming evidence. The second author returned to the transcripts to verify her original themes and to test the plausibility of the first author's themes. The third author, who had coordinated data collection, was consulted at various stages during the analysis. The verification system, in which the second author had to support or refute each possible theme, resulted in a strong internal validity check.

RESULTS

Three categories of themes emerged from the data: coping strategies, family and community influences, and services. Within these categories, nine descriptive themes encapsulated the families' cultural models regarding receipt of services.

Coping

The families in this analysis described themselves in ways that indicated they had high levels of coping mastery ability (Pickett, 1993), which is the ability to efficiently handle the stresses of life. They showed this through a positive attitude and acquired knowledge.

Theme 1: Families remain positive despite their child's disability. Every one of the families interviewed said that having a child with disabilities did not put an extra strain on them. When one mother was asked if it was a shock to find out that her child had special needs, she replied, "Yeah, it was a shock. But I know things like that happen sometimes. Just got to live with it." The ability to see something positive in challenges has been documented as a strength of many African American families (Hanline, 1992).

African American parents seem to perceive their self-esteem and coping ability in a way that is directly related to the circumstances and characteristics of

their child with special needs (Pickett, 1993). Occasionally, however, African American families will underestimate themselves. One mother did not think she could handle raising a child with Down Syndrome. She said, "All I kept thinking is, I can't keep this baby, you know, I think.....I didn't think I could deal with it because I thought it would be so hard....but, once I had him, it was different."

The families also did not see the child with the disability as adding any additional expense to the family. One mother said, "My kids....they're about the same.....they're all expensive." The evidence from this study, therefore, supports the belief that African American families cope successfully, by adjusting to their challenging situation.

Theme 2: If knowledge is power, then these families are mighty. Thirteen out of 15 mothers appeared to be very knowledgeable about their children's disabilities and the types of services they could receive. Along with handling ordinary parental stresses, these mothers felt they had to be aware of help to which their child was entitled. One parent said,

> But where you got other parents who are not that knowledgeable, who don't have the resources, those kids suffer. If I were not that knowledgeable of the services that can be provided for these kids,(her son) wouldn't be in preschool. (My son) would probably be in some day care.

Other mothers felt that if they did not actively pursue services for their child, their child would not have a successful chance in society. One mother said, "Had I not been determined, my child would have been another statistic. Just another young African American male who is struggling to survive." Another mother commented on what would have happened had she not advocated for her son:

> I think he would've gotten half-behind services and everything like that. He wouldn't have gotten what he needed....He would've gotten thrown through the little system. That would've been it, just another African American child there....As far as him being an African American male, I have to work even harder for him because

BEST COPY AVAILABLE

> of how society classifies him....I have to give my son every fighting chance he has for that because of his race. Him being black is already a strike against him....His disability is something else to add onto that.

The families felt it was imperative for them to be aware of services, because their child is already at a disadvantage being African American. Having knowledge empowers families and makes them feel significant in adequately preparing their children for the life that lies before them.

Family and Community Influences

Families and their social surroundings form a complex system influencing how families interact and adapt to raising a child with disabilities (Rogers-Dulan, 1995). Fathers, extended family, and the church were strong themes running through the interviews. Extended families represent a large proportion of families in the African American community (Wilson, 1990), and many of these families are multigenerational. In one study, primary caregivers, who were always the mothers, depended most on the child's father for emotional support regardless of whether the father was present or absent in the home (Slaughter & Dilworth Anderson, 1988). The support given by the extended family depended on the child's father's involvement in the home: The extended family gave more support when the father was absent than it did when he was present. In addition to familial support, religion plays an important role in an African American family's way of dealing with a child with disabilities. Finally, religion helps make sense of the situation and helps encourage acceptance (Rogers-Dulan, 1995).

Theme 3: Some fathers are involved, even if they are not permanent fixtures. Six out of the 15 mothers did not have any sort of relationship with the father of their children. Either these fathers were incarcerated or they left immediately following conception. Nine fathers were actively involved in the child's life, but only four of the nine lived in the home. Many of the mothers said

the father was also actively involved in early intervention. In the rest of the case study population, 14 families (25%) had fathers not in the home, and six of those fathers remained actively involved in the child's life..

Theme 4: It helps when a whole village raises a child. Four out of the 15 mothers lived with their mothers and reported that their mothers respected them as adults. Many of the 15 mothers said that they depended on their mothers and their extended family members as sources of support, with 11 saying they depended on their mothers for emotional support. Three of the remaining four said how supportive their extended family was. Not only did grandparents relieve parents from their role as the sole source of love and affection for the child, but they also provided support, lent a listening ear, and gave advice about parenting skills. Although support was not always the most positive, the mothers found it, on balance, to be necessary. When one mother was asked how the children interacted with their extended family members, she replied, "The days that I worked, they stayed with grandma. Grandma's good, and they love to stay with grandma. But it didn't help them a lot, because grandma let them do what they want to."

In contrast, only 11 of the remaining 60 case study families (18%) had ongoing, significant involvement of the grandmother. Not a single one of these other case study families live in multigenerational households. This confirms the belief that African American families greatly depend on extended family members, especially maternal grandmothers.

Theme 5: Faith and the church. Historically, the church has had a major impact on the African American family. A majority of the families in the study attended church and reported that their spirituality was a major reason for their positive outlook. One mother of a 2-year-old said,

> Black people are more spiritual and we have a more spiritual side with God....I rely more on him than I do as far as man's sense and other people....I think that's why we're able to have a positive outlook and be strong about our situation. Because we do rely more on him. Through him all things are possible and our child's condition may change if we keep that attitude that things won't be like that all the time.

Another mother said,

> Harmony and peace come from being in church...For a lot of African American families, number one, it would help their child strongly with their disability to have a spiritual insight. Number two, it will help the family...It's nourishment to feed your spiritual insides.

African American families, even those who rarely if ever attend church, tend to believe in God, spirits, or some other spiritual entity (Mendes, 1982). Religion is considered a central component of African American culture, and prayer is reported to serve as a means of coping with difficulties and hardships (Alston, 1994). The families in this early intervention study suggested that their faith and the church supported them significantly.

Services

The Individuals with Disabilities Education Act (IDEA) provides guidelines for states to develop a way in which to serve families with infants and toddlers who have disabilities (Arcia, 1993). Two defining characteristics of policies about infants and toddlers with disabilities are the coordination of services and the extent to which the family is a focus of services. These emphases are reflected in the individualized family service plan (IFSP), which should list the concerns, resources, and priorities[1] of the family as well as the various agencies to be used to address families' needs.

---

[1] Before the 1991 reauthorization of PL 99-457, parents *strengths and needs*, rather than concerns, priorities, and resources were to be assessed and addressed. The language was changed to reflect a less judgmental approach to determining what families could contribute to and receive from the early intervention endeavor.

Theme 6: Most services are child oriented. The mothers in this analysis believed that services were focused almost exclusively on the child. Only two families considered the services to be family oriented, and one of those mothers was taken aback when the service provider first asked her about her needs. She said to us,

> At first, I didn't know about all the services until she explained them to me, I kinda wondered in my mind, What are they doing, wanting to know about those type things? I said I thought their main concern was just with the child...but I feel that it's great that they ask those types of questions. That's just showing you that, hey, they're concerned about the whole family, not just the child because you made the child, you part of the child.....I don't think its being too nosy or.....I think that's great.

We use numerous quotations to capture the mothers' voices as they spoke about the orientation of services. For example, another mother said,

> .....I'm lucky that I have my grandmother and my mother to support me, but someone that doesn't like, maybe have a family to support them. I think talking to....someone like that would have been really helpful. If they didn't have anybody else around to support them. I think that would be helpful for someone who doesn't have that.

One mother asserted that she had a concern with the early intervention services at a local center because of their continued focus on the child.

> That's one of the problems I have with ___ Center is that a lot of it surrounded by children, structured around the children who are in the program, but not too much of it is structured around the family itself. I kinda wonder having a CP child is got to be hard on the family too. I'm sure they need some counseling and stuff like that.

Although these mothers thought it was important to have the whole family involved, other parents thought it best for the service to be oriented towards only the child. A mother of a 3-year-old said,

> ....I said why they trying to get all in my business? What do they need to know all that for? You are here to help my son; you don't need to know nothing about me....African Americans feel that we can handle our business.

BEST COPY AVAILABLE

When one mother was asked if the individualized family service plan addressed any family issues, she replied, "It's pretty much just focused on (my son), but it asks a little about me and my history. It pretty much focuses on him, which I think is good because he is the source of our whole ordeal." Elsewhere, we have addressed the issue of services being child-focused, families' wanting them that way, and speculating on reasons for this (McWilliam, Tocci, & Harbin, 1995). The stories of these African American mothers bears out our speculation that families' reactions to the idea of family-centered services reflect society's and professionals' messages. When services are described as primarily related to children and practices reinforce that assumption, families' expectations are shaped. The fact that a number of these families would have preferred more of a family orientation shows that work is still needed on implementation of the intent of Part C of IDEA.

Theme 7: Families think highly of their service provider. Even though some mothers felt their needs as a family were not being met, most of them were generally positive about their service providers. For example, one mother of a 2-year-old said,

> She is so sweet. She is caring and she cares about (her child) and I mean she cares about him. She call me at home when he's out sick. She calls me to see how he's doing. If he misses sessions, she makes sure he can make it up and at a reasonable amount of time.

Another mother of a 2-year-old said,

> I don't think it's a job to her. Like most people got a job, they get paid well and they not concerned about. They're in it for the money. She's not that way. She's a very caring person. She could be like a sister to me if I got really close to her. She's just a strong willed caring person.

Interviews with professionals suggest they feel they are addressing families' needs. Some research (McWilliam, 1995) has pointed to an array of

reasons why service providers may not be focusing on the entire family: Professionals may feel that they do not have enough time to deal adequately with family intervention, professionals might be overwhelmed by the demands the family-centered approach, or professionals might not be prepared in techniques of family-centered approaches.

Theme 8: The service provider's race may be important. We were concerned about the fact that the overwhelming majority of service providers in early intervention are Caucasian, whereas many families are non-Caucasian. In response to direct questions from us, a few mothers mentioned the issue of race congruence . Each case was different, but we were surprised by mothers who said they preferred Caucasian service providers. For example, one mother said, "I think I'm comfortable with a white one, because most black people don't really be involved with your kids, because they probably have kids at home."

> The discourse of another mother shifted from neutrality to language disparaging of African Americans. She began, , "It don't matter. White people always came here, no blacks. Like for different things, like teacher....I got them a tutor at 18 months. She comes, they're white." When the interviewer said Caucasian service providers sometimes feel guilty that there are not enough black professionals to offer to African American families, she said, Maybe some of them don't want to get involved. I find that it seems a lot of white people who's able to better deal with that situation than I see a lot of black people do. Like a lot of black families, they don't know how to take it.....Having their child like that. ' I don't know how the professionals would be. I think black people are pretty ignorant.

Accepting such a discriminatory thought without interpretation would be misleading. This young woman's experiences were in some ways very diffuse yet in other ways very limited. She lived in a rough, urban neighborhood where a crack house had been in operation practically next door and where she was shot while she was in a car. Despite having faced situations most people never encounter, this mother had had limited experience with professionals and with

middle-class African Americans. Most of the African American women she knew were nonprofessionals, and most of the human service professionals she knew were Caucasian.

One mother, however, said she would like to work with an African American service provider:

> Somewhere within that professional caregiver, she can sympathize and be able to feel where that African American mother or father is coming from..... I just feel like they don't know how it is to be us and if you don't know how it is to be us, then you don't know how to help us.

This mother appears to be alluding to the shared meanings more likely to occur between members of the same cultural group, here confined to ethnic background, than between members of different cultural groups. Because the discourse includes *victim* terms (e.g., "sympathize," "how it is to be us," "how to help us") rather than strength terms (i.e., language referring to the cultural strengths of the race), there might be a confound with class.

Theme 9: The IFSP/IEP might not be important as a guide for intervention. Several families did not know the whereabouts of their IFSP or IEP, and many thought it did not carry much importance. One mother said, "It would be helpful if I would read it, but I kind of know what it means... so I don't need to look at a piece of paper to know what my child needs." When another mother was asked if her IFSP was useful for her or more useful for professional people, she said, "Professional people. I looked at it over and over but I couldn't understand what I was looking at, so I just put it up." Two subthemes, therefore, are that some families might not need the written word and that some families might not understand the document. Because most of the services families receive are child-focused, it is misleading to think that services are family-centered merely because of the existence of an individualized *family* service

plan. Thus, the redundancy, incomprehensibility, or deception of the document render it quite useless to the African American families to whom we talked.

Theme 10: African American children get more service time because they are in centers. Over a 17-month data collection period, the African American case study children had an average of 80 hours of service scheduled, compared to 55 for non-African American children. The mean delivered hours was 67.8 for African American children and 43.5 for non-African American children. These differences were not statistically significant, but the small sample size probably severely attenuated the power to detect, statistically, differences that were otherwise meaningful.

Table 2 shows the average number of hours of early intervention services, scheduled and delivered, by age (infant-toddler, preschool), comparing African American children and non-African American children. These data were not available for all children, but they indicate a pattern of considerably more services scheduled for and provided to African American children and their families over the 17 months of data collection. The high number of average hours (e.g., > 20), found in both the ranges and in the African American preschool means, reflect children's receiving center-based services. (We have no basis for believing that African American families are any more vociferous in advocating for services than are non-African American families nor for believing that service providers deliberately allocate service hours based on race.) The African American children lived in only four of our communities, three of which were in the same state (i.e., the low-, medium-, and high-density communities in this state were all represented); the fourth community represented was a large city (i.e., high density). Children in these communities tended to receive center-based services, and this was true for the children in this study. Eight of the children received multiple hours of service per week (mostly > 5 hours), mostly through

BEST COPY AVAILABLE

Table 2

Average Number of Hours of Early Intervention Services (with Range)

Age	African American	Non-African American	t	Effect Size
Infant-Toddler	n = 12	n = 37		
Scheduled	6.35	4.24	-0.82	.27
	(0.78-22.53)	(0.18-29.27)		
Delivered	5.36	3.41	-0.91	.30
	(0.59-20.53)	(0.18-25.67)		
Preschool	n = 5	n = 19		
Scheduled	27.57	10.46	-2.80*	1.29
	(2.10-32.32)	(0-52.22)		
Delivered	26.55	8.34	-3.73**	1.72
	(2.10-31.89)	(0-44.78)		

$p < .05$

$p < .01$

center-based or day care services. Seven received short amounts of service per week (mostly 1-1.5 hours), mostly through center- (i.e., clinic visits) or home-based services. We can, therefore, conclude that the differences are explained by placement, which interacts with race and community.

DISCUSSION

This study found, first, that the participating African American mothers handled their parenting of a child with special needs with a positive attitude and by acquiring knowledge about services. Although the direct benefits of mothers' being positive have not been noted in the literature, this phenomenon is almost axiomatic. The importance of information to families has been well-documented (e.g., Gowen, Christy, & Sparling, 1993; Sontag & Schacht, 1993).

The second finding was that an ecological effect (Bronfenbrenner, 1979) was in place, with fathers' being involved with their children (even if they were not in the home), with family members other than the mother being involved, and with the church supporting some mothers. Our finding about continued paternal involvement supports research from two decades ago in which African Americans raised in female-headed households reported that their fathers continued to play an important role in their lives (Morris, 1977). The finding about extended-family involvement parallels Hale's (1982) study of African American grandmothers. The third of these supports, the church, has been defined as an expansion of the extended family (Turner, 1992) and an important support to African American families (Rogers-Dulan, 1995). These family and community influences, therefore, substantiate results from previous investigations.

BEST COPY AVAILABLE

The third finding was that the way services were provided—not just whether services were in place—made a difference. The data showed that services are primarily child-oriented, which has been reported as true for families in general in this case study (McWilliam, Tocci, et al., 1995). Mothers' positive views of their service providers corroborates previous studies in which families have been shown to be very satisfied, above all with their primary service provider (McWilliam, Harbin, et al., 1995; McWilliam, Lang, et al., 1995). African American mothers' reactions to the race of the primary service provider, which were found to be salient in a few situations, is an area deserving further study. The unimportance of the IFSP or IEP confirms Harry's (1995) findings that the early intervention culture (our term) emphasized the actual document rather than parents' participation in its development. The final service-related issue we uncovered, that African American families received more service time than did non-African American families, contradicts findings from the larger study (N = 133), where no statistically significant differences were found in the mean hours provided to Whites (1.82), African Americans (1.71), or children from other races (1.19; Kochanek & Buka, in press).

As interpreted through cultural model theory, these results show that shared meanings (i.e., patterns of beliefs) could be detected within this small group of mothers. Some of the strengths found often in African American families (e.g., support of extended family, support of church, positive attitude) were discovered to be important tools for the families in this study. The interaction of

families' use of center-based services, community, and ethnicity, resulting in more hours of service for the children, needs to be explored further.

References

Alston, R. J. , McCowan, C. J. , & Turner, W. L. (1994). Family functioning as a correlate of disability adjustment for African Americans. Rehabilitation Counseling Bulletin, 37, 277-289.

Arcia, E. , Keyes, L. , Gallagher, J. J. , & Herrick, H. (1993). National portrait of sociodemographic factors associated with underutilization of services: Relevance to early intervention. Journal of Early Intervention, 17, 283-297.

Ashbury, C. , Walker, S. , Belgrave, F. Z. , Maholmes, V. & Green, L. (1994). Psychosocial, cultural, and accessibility factors associated with participation of African Americans in rehabilitation. Rehabilitation Psychology, 39, 113-121.

Barnes, A. S. (1985). The black middle class family. Bristol, IN: Wyndham Hall Press.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge: Harvard University Press.

Dickerson, B. J. (1995). African American single mothers. Thousand Oaks, CA: Sage Publications.

Frazier, E. F. (1959). The Negro family in America. In J. Bracey, A. Meier, E. Rudwick (Eds.) , Black matriarchy: Myth or reality? (pp. 6-19). Belmont, CA: Wadsworth Publishing Co.

Gibbs, J. T. (1990). Developing intervention models for black families: Linking theory and research. In H. Cheatham, J. Stewart (Eds.) , Black Families: Interdisciplinary perspectives. (pp. 325-351). New Brunswick, NJ: Transaction Publisher.

Gowen, J. W., Christy, D. S., & Sparling, J. (1993). Informational needs of parents of young children with special needs. *Journal of Early Intervention, 17*, 194-210.

Hale, J. (1982). Black children: Their roots, culture, and learning styles. Provo, UT: Brigham Young University Press.

Hanline, M. F. , & Daley, S. E. (1992). Family coping strategies and strengths in Hispanic, African American, and Caucasian families of young children. Topics in Early Childhood Special Education, 12, 351-366.

BEST COPY AVAILABLE

Harry, B. , Allen, N. , & McLaughlin, M. (1995). Communication versus compliance: African American parents' involvement in special education. Exceptional Children, 61, 364-377.

Hill, R. B. (1993). Research on the African American family: A holistic perspective. Westport, CT: Auburn House.

Jackson, J. (1978). Ordinary black husbands: The truly hidden men. In M. E. Lamb (Ed.) , The Role of the Father in Child Development (pp. 139-144). New York: John Wiley.

Jackson, J. J. (1970). Kinship relations among urban Blacks. Journal of Social Behavioral Sciences, 16, 1-13.

Kochanek, T. T., & Buka, S. L. (in press). Patterns of early intervention service utilization: Significant child, maternal, and service provider factors. *Journal of Early Intervention.*

Laosa, L. M. (1983). Parent education, cultural pluralism, and public policy: The uncertain connection. In R. Haskins, & D. Adams (Eds.) , Parent education and public policy (pp.331-345). Norwood, NJ: Ablex.

Liebow, E. (1967). Tally's Corner: A study of Negro street corner men. New York: Little Brown and Co.

McAdoo, H. P. (1983). Extended family support of single black mothers: Final report. Washington DC: National Institute of Mental Health.

McAdoo, J. L. (1988). Involvement of fathers in the socialization of black children. In H. McAdoo (Ed.) , Black Families (pp.225-235). Newbury Park, CA: Sage.

McDowell, A. D. , Saylor, C. F. , Taylor, M. J. , Boyce, G. C. , & Stokes, S. J. (1995). Ethnicity and parenting stress change during early intervention. Early Child Development and Care, 111, 131-140.

McKenry, P. C. , & Fine, M. A. (1993). Parenting following divorce: A comparison of black and white single mothers. Journal of Comparative Family Studies, 24, 100-111.

McWilliam, R. A., Lang, L., Vandiviere, P., Angell, R., Collins, L., & Underdown, G. (1995). Satisfaction and struggles: Family perceptions of early intervention services. *Journal of Early Intervention, 19,* 43-60.

McWilliam, R. A. , Tocci, L. , & Harbin, G. (1995, August). Services are child-oriented and families like it that way-but why? Early Childhood Research Institute: Service Utilization Findings, 1-5.

Mendes, H. A. (1979). The role of religion in psychotherapy with Afro-Americans. In B. Bass, G. Wyatt, G. Johnson (Eds.) , The Afro-American family: Assessment, treatment, and research issues (pp.203-210). New York: Grune and Stratton.

Morris, R. B. (1977). Strengths of the black community: An investigation of the black community and broken homes. Dissertation Abstracts Int., 38.

Moynihan, D. (1965). The Negro family: The case for national action. In J. Bracey, A. Meier, E. Rudwick (Eds.) , Black matriarchy: Myth or reality? (pp. 126-159). Belmont, CA: Wadsworth.

Myers, H. (1980). Research on the Afro-American family: A critical review. In B. Bass, G. Wyatt, G. Johnson (Eds.) , The Afro-American family: Assessment, treatment, and research issues (pp. 35-68). New York: Grune and Stratton.

Pickett, S. A. , Vraniak, D. A. , Cook, J. A. & Cohler, B. J. (1993). Strength in adversity: Blacks bear burden better than Whites. Professional Psychology: Research and Practice, 24, 460-467.

Rogers-Dulan, J. , & Blacher, J. (1995). African American families, religion, and disability: A conceptual framework. Mental Retardation, 33, 226-238.

Sheppard, C. , Bunton, J. , Menifee, S. , & Rocha, G. (1995). Rehabilitation service providers: A minority perspective. Journal of Applied Rehabilitation Counseling, 26, 36-40.

Skinner, E. A. (1985). Determinants of mother-sensitive and contingent-responsive behavior: The role of child-rearing beliefs and socioeconomic status. In I. Siegal (Ed.) , The role of parental belief systems as influences on parent-child interactions. Hillsdale, NJ: Erlbaum.

Slaughter, D. T. , & Dilworth-Anderson, P. (1988). Care of black children with sickle cell disease: Fathers, maternal support, and esteem. Family Relations, 37, 281-287.

Sontag, J. C., & Schacht, R. (1993). Family diversity and patterns of service utilization in early intervention. Journal of Early Intervention, 17, 431-444.

Stack, C. B. (1974). All our kin: Strategies for survival in a black community. New York: Harper and Row.

BEST COPY AVAILABLE

Turner, W. L. , & Alston, R. J. (1992). The role of the family in psychosocial adaptation to physical disabilities for African Americans. Journal of the National Medical Association, 86, 915-921.

Willie, D. V. & Greenblatt, S. L. (1978). Four classic studies of power relationships in black families: A review and look to the future. Journal of Marriage and the Family, 40, 691-693.

Wilson, M. N. , & Tolson, T. F. (1990). Familial support in the black community. Journal of Clinical Child Psychology, 19, 347-355.

BEST COPY AVAILABLE